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COVER LETTER

Division of Co	rporations					
Profitable SUBJECT:	Bar Management, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Jon C. Lasserre					
		Name of Person				
	Rogers Towers, P.A.					
Firm/Company						
	960185 Gateway Blvd., St	nite 203				
		Address	<u> </u>	29)		
Fernandina Beach, Florida 32034						
		City/State and Zip Code		2917 DET 10	f Tone and	
	jlasserre@rtlaw.com	. 1	Ĺ,	U U	[]	
For further information	concerning this matter, please c	to be used for future annual report notifies all:	(inton) ;—' (S. ;	##:	D	
Jon C. Lasserre		904 261-5618	1			
Name	of Person	at ()	elephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certifical Certified (additional	te of Sta Copy	itus &	

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Profitable Bar Management, LLC							
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited Liability Company lorida document number <u>L15000169563</u> .	were filed on October 5, 2015	and assigned					
this amendment is submitted to amend the following:							
a. If amending name, enter the new name of the limited liab	ility company here:						
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."					
Inter new principal offices address, if applicable:	869 Sadler Road						
Principal office address MUST BE A STREET ADDRESS)	Communican Donah, Elonida 27024						
Enter new mailing address, if applicable:	869 Sadler Road Fernandina Beach, Florida 32034						
Mailing address MAY BE A POST OFFICE BOX)							
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u>						
	*** **********************************						
Name of New Registered Agent:		- 3					
New Registered Office Address:	Enter Florida street address						
	Florida						
	City	Zip Code					

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Michael Blair Stewert	869 Sadler Road	■ Add
		Fernandina Beach, Florida 32034	□ Remove
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			☐ Change
			
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Filing Fee: \$25.00